



Michigan Department of Environmental Quality- Water Bureau
CAFO PERMIT APPLICATION

MDEQ USE ONLY
Tracking Number
83618.1

PLEASE TYPE OR PRINT

This abbreviated NPDES application must be completed and submitted, along with the application fee of \$75, to DEQ prior to October 1, 2009 to extend your current permit which is set to expire April 1, 2010. When the CAFO General Permit is reissued you will need to submit the appropriate general permit application for coverage under the re-issued general permit along with associated information as may be required.

APPLICANT NAME AND MAILING ADDRESS:

Additional Applicant Name Information <i>Walnutdale Family Farms LLC</i>		Certificate of Coverage Number <i>MIG010063</i>
Street Address or P.O. Box <i>4309 14th St.</i>		e-mail
City or Village <i>Wayland</i>	State <i>mi.</i>	ZIP Code <i>49348</i>
Telephone (with area code) (b) (6)	Fax Number (with area code) (b) (6)	

CONTACT	<input checked="" type="checkbox"/> Application Contact	First Name (b) (6)		Last Name (b) (6)	
	<input type="checkbox"/> Facility Contact	Title <i>OWNER</i>		Business	
	Address 1 <i>4309 14th St.</i>		Address 2		
	City <i>Wayland</i>		State <i>mi.</i>	Zip Code <i>49348</i>	
	Telephone (with area code) (b) (6)		FAX (with area code)		e-mail

CERTIFICATION

Rule 323.2114(1-4) of the Part 21 Rules of Michigan Act 451, Public Act of 1994, Part 31, as amended, requires that this application be signed by either a principal executive officer or other duly authorized employee.

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision In accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for having knowledge of violations."

I understand that this application will allow current permit coverage to continue until superseded by a new permit, and that I also reserve the right to apply for coverage under a different general permit or individual permit. I certify under penalty of law that I possess full authority on behalf of the legal owner/permittee to sign and submit this Permit Application.

Print Name: *(b) (6)* Title: *Owner*

Representing: *(b) (6)*

Signature: *(b) (6)* Date: *9-5-09*

Make application fee checks payable to the "State of Michigan"

Please submit this completed Application and the fee to:

Michigan Department of Environmental Quality
Cashier's Office
WB-NP2
P.O. Box 30657
Lansing, Michigan 48909-8157

RECEIVED

SEP 21 2009

W.B. SURFACE WATER
PERMITS SECTION

NP2 551749-5-1 09/17/09
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